

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

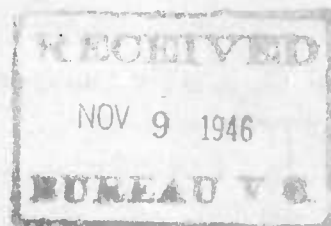
CERTIFICATE OF DEATH

308

09836

Reg. Dist. No. 67

1. PLACE OF DEATH: County <u>Caroline</u> City or town <u>Federalburg - Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Life</u> Hospital, institution, or street address where death occurred: <u>Lyons</u> How long in hospital or institution? _____				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Caroline</u> City or town <u>Federalburg - Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Hyman</u> (If rural, give LOCATION) 2.(a) If veteran, name war _____			
3. (a) FULL NAME <u>Donald Brown</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>Colored</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>			
6. (b) Name of husband or wife _____				6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>October 20, 1946</u>							
8. AGE: Years _____		Months _____		Days _____		If less than one day <u>2</u> hrs. <u>30</u> min.	
9. Birthplace <u>Federalburg, Maryland, R.F.D.</u> (Town, county, and state)							
10. Usual occupation <u>Infant</u>							
11. Industry or business _____							
FATHER	12. Name <u>Charles Brown</u>			13. Birthplace <u>Valdosta, Georgia</u>			MOTHER
	14. Maiden name <u>Ruth Burkhead</u>			15. Birthplace <u>Waycross, Georgia</u>			
16. Informant <u>Charles Brown</u> Address <u>Federalburg, Maryland, R.F.D.</u>							
17. <u>Burial</u> (Burial, cremation, or removal. Which?)		Date thereof <u>October 23, 1946</u> (month) (day) (year)					
Cemetery or crematory <u>Federal Hill Cemetery</u>							
Location <u>Federalburg, Maryland</u>							
18. Funeral director <u>J. J. Frampton & Son</u> Address <u>Federalburg, Maryland</u>							
19. <u>October 23, 1946</u> (Date rec'd by registrar)				<u>J. J. Frampton</u> Registrar			
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>October 20, 1946</u> at <u>9 P.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____ and that I last saw him _____ alive on _____ 19____ Immediate cause of death <u>unknown</u> <u>Was unable to breathe properly at birth</u> Due to _____ <u>Probable congenital syphilis</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings of operations _____ Date of op. _____ Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____ Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____ 23. SIGNATURE <u>W. H. Harrison MD</u> M. D. or other _____ <u>Hurlock Md</u> Date signed <u>10/22/46</u>							



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

09837

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Rural, Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Rural, Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ellie Ramsdel Carey

3. (b) Social Security Number

4. Sex 75. Color or race W6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Roland Carey

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 29, 18758. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>9</u>	<u>3</u>	_____ hrs. _____ min.

9. Birthplace Denton, Caroline, Maryland
(Town, county, and state)10. Usual occupation housewife

11. Industry or business _____

12. Name Floyd Ramsdel13. Birthplace New York14. Maiden name Elmira Louise Smith15. Birthplace Pennsylvania18. Informant Mrs. Hannah CrispAddress Denton, Maryland17. Burial Date thereof Oct. 6, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland19. Funeral director J. Virgil Moore & SonAddress Denton, Maryland19. 10/6 19 46 Tim A. D. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 19 46 at 11 p M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 19 29 to October 2 19 46
and that I last saw him alive on September 2 19 46Immediate cause of death Coronary thrombosisDURATION 9 hours

Due to _____

Due to _____

Other conditions Diabetes Mellitus 9 years

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul Kurotsu M.D. M. D. or other _____Address Denton, Md Date signed 10/5/46

OCT 10 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

 ★ 098386
 Reg. Dist. No. 66

1. PLACE OF DEATH:

 County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 35 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war Spanish American

3. (a) FULL NAME

John J. Irison

3. (b) Social Security Number

R20-07-1550 A

 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sarah J. Miller
Irison 6. (c) If alive, give age 77 years
 7. Birth date of deceased (mo., day, yr.) Aug. 8 - 1868
 8. AGE: Years 78 Months 2 Days 0 If less than one day _____ hrs. _____ min.

 9. Birthplace Cumberland County, England
 (Town, county, and state)

 10. Usual occupation Inspector in Laundry

11. Industry or business

 12. Name No Record
 13. Birthplace England
 14. Maiden name No Record
 15. Birthplace England

 16. Informant Mrs. Sarah Irison
 Address Ridgely Md.

 17. Burial Date thereof 10/10/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

 Cemetery or crematory Ridgely
 Location Ridgely Md.

 18. Funeral director Raymond B. Rawlings
 Address Treensboro, Md.

 19. Oct-10 19 46 J. D. Davis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH Oct. 8 19 46, at 4 A. M.

 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2, 19 46, to Oct. 8, 19 46, and that I last saw him alive on October 8, 19 46.

 Immediate cause of death Myocardial Infarction DURATION

 Due to Arteriosclerotic Heart Disease 10 yrs

 Due to General Atherosclerosis 20 yrs

Other conditions

(Include pregnancy within 3 months of death)

 Major findings of operations None Date of op.

 Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

 23. SIGNATURE George White MD M. D. or other

 Address Ridgely Md. Date signed Oct 9, 1946

RECEIVED
OCT 11 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

09839

Reg. Dist. No. 61

1. PLACE OF DEATH:

County..... Greensboro Rural
 City or town..... Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 45 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henrietta Morris

3. (b) Social Security Number

4. Sex..... F.5. Color or race..... C6. (a) Single, married, widowed, or divorced..... Widowed6. (b) Name of husband or wife..... Frank Morris7. Birth date of deceased (mo., day, yr.)..... Sept. 8 1868

B. (c) If alive, give age..... years

8. AGE: Years..... 78 Months..... 1 Days..... 15 If less than one day..... hrs. min.9. Birthplace..... Queen Anne's Md.
(Town, county, and state)10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Richard Robinson13. Birthplace..... Md.14. Maiden name..... Hester Johnson15. Birthplace..... Md.16. Informant..... May GibbsAddress..... 319 Hambac St. Wil. Del.17. Burial Date thereof..... 10/27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... RosevilleLocation..... Near Queen Anne's Md.18. Funeral director..... Raymond B. RawlingsAddress..... Greensboro Md.19. Oct 26 1946 L. M. Pizzin
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline
 City or town..... Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 23 1946 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to Oct. 21 1946
 and that I last saw him alive on Oct. 21 1946

Immediate cause of death.....

DURATION

Arteriosclerotic
Cardiovascular
Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Charles E. Housh M. D. orAddress..... Greensboro Md. Date signed..... 26 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09840

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex.....

5. Color or race.....

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

B.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal, which?)

Date thereof.....

(month) (day) (year)

Cemetery or cremation.....

Location.....

18. Funeral director.....

Address.....

19. Noted by registrar

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 25 1946 to Oct 30 1946

and that I last saw him alive on October 30 1946

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or

Address.....

Date signed.....

1-35

RECEIVED
NOV 5 1945
R.H.C.

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

09841

Reg. Dist. No. 66

1. PLACE OF DEATH: Cecil
County Bridgetown
City or town Not
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, institution, or street address where death occurred 70
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Bridgetown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Charles B. Robinson

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Shelly Rebecca Robinson

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 28 6 1892

8. AGE: Years 74 Months 7 Days 3 If less than one day hrs. min.

9. Birthplace Brown Co. Iowa
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Martin Robinson

13. Birthplace Iowa

14. Maiden name Whitney

15. Birthplace Iowa

16. Informant Lemuel Robinson

Address Fellows, Del

17. Burial Burial Date thereof 10/13/46
(Burial, cremation, or removal, which?) (month, day, year)

Cemetery or crematory Greensboro

Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. Oct 12 1946 J. S. Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 19 46 at 11:25 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 42 to Oct 10 19 46

and that I last saw him alive on Oct 9 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 10 hrs.

Due to Cerebral Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide W Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W

Means of injury Injured at work?

23. SIGNATURE C. N. Whitealfe M. D. or other

Address Fellows, Del Date signed 10/10/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 14 1996
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64 0

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 69 years
 Hospital, institution, or street address where death occurred:
203 Greenridge Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 203 Greenridge Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Bird Officer Sewell

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Charles J. Sewell</u>		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>June 17, 1869</u>		
8. AGE:	Years	Months
	<u>77</u>	<u>4</u>
	Days	If less than one day
	<u>14</u>	_____ hrs. _____ min.

9. Birthplace Springfield Illinois
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Robert Patterson Officer13. Birthplace Washington, Pennsylvania14. Maiden name Margaretta C. Huey15. Birthplace Washington, Pennsylvania16. Informant Alvin H. StackAddress 2614 Sunset Drive, Tampa, Florida17. Burial Date thereof November 3, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Frampton & SonAddress Federalburg, Maryland19. November 1, 1946 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 31, 1946 at 4:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1946 to Oct 31, 1946and that I last saw him alive on Oct 31, 1946Immediate cause of death Coronary Thrombosis

DURATION

1 m

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

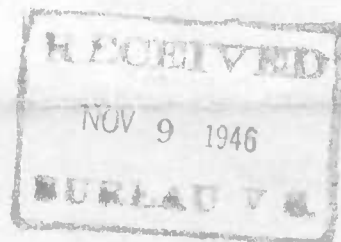
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. J. Frampton M. D. or otherAddress Federalburg, Md. Date signed 11/1/46



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

09843



1. PLACE OF DEATH:

County Caroline

City or town Edgemoor
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Samuel Earl Sparks

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Helen Sparks

7. Birth date of deceased (mo., day, yr.) July 3 1892 6. (c) If alive, give age 50 years

8. AGE: Years 54 Months 3 Days 15 If less than one day hrs. min.

9. Birthplace Millington Maryland
(Town, county, and state)

10. Usual occupation Salvage

11. Industry or business

12. Name Earl Sparks

13. Birthplace Millington Md

14. Maiden name Leticia (Last name unknown)

15. Birthplace Maryland

16. Informant Mrs Helen Sparks

Address Denton Md

17. Buried Date thereof 10-21-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Millington Maryland

18. Funeral director J. Thigil Eubank

Address Denton Md

19. 10-21 19 46 Walter B. Johnson
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County car-line

City or town Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 19 46 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 19 43 to October 18 19 46
and that I last saw him alive on October 18 19 46

Immediate cause of death coronary occlusion

DURATION 10 min.

Due to

Due to

Other conditions chronic myocarditis
(include pregnancy within 3 months of death)

4 years.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul T. Turt

M. D. or other MD
Date signed 10/19/46

Address Denton Md

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
name of deceased is shown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

09844

Reg. Dist. No. 66

FILM No. I O 7 OCT 18 1946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....*Caroline*
City or town.....*Ridgely* Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death.....*3 weeks*
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....*✓*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....*Maryland* County.....*Caroline*
City or town.....*Denton*
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....*✓*

3. (a) FULL NAME

Nellie Nettie Webb

3. (b) Social Security Number

4. Sex.....*F.* 5. Color or race.....*Col.* 6. (a) Single, married, widowed, or divorced.....*Widowed*

6. (b) Name of husband or wife.....*No Record*

7. Birth date of deceased (mo., day, yr.).....*No Record* 8. (c) If alive, give age..... years

8. AGE: Years.....*About 60 yrs.* Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....*No Record*
(Town, county, and state)

10. Usual occupation.....*✓*

11. Industry or business.....*✓*

12. Name.....*No Record*

13. Birthplace.....*No Record*

14. Maiden name.....*No Record*

15. Birthplace.....*No Record*

16. Informant.....*Welfare Board*

Address.....*Denton Md.*

17. *Burial* Date thereof.....*10/5/46*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Henry Burial ground*

Location.....*Near Ridgely Md.*

18. Funeral director.....*Raymond B. Pawlings*

Address.....*Greenboro, Md.*

19. *10/5/46* 19.....*JD Davis*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Oct. 3* 19..*46* at *5 A.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May* 19..*43* to *Sept 21* 19..*46*
and that I last saw h. or alive on *Sept 21 - 1946* 19..*46*

Immediate cause of death.....*Chronic nephritis*

Due to.....*Chronic nephritis*

Other conditions.....*?*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*N. L. Smae MD*

Address.....*Denton Md* M. D. or other

Date signed.....*Oct 3 46*

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3d)

CERTIFICATE OF DEATH

★ 09845

Reg. Dist. No. 641

1. PLACE OF DEATH

County Caroline
 City or town Federalburg, P.D.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Full Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Alice A.

7. Birth date of deceased (mo., day, yr.) May 10, 1860 6. (c) If alive, give age 49 years

8. AGE: Years 86 Months 5 Days 14 If less than one day
hrs.min.

9. Birthplace (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Andrew J. Knight13. Birthplace Maryland

14. Maiden name

15. Birthplace Maryland16. Informant Mr. Elbert KnightAddress Federalburg, Md.

17. Burial Date thereof Oct 27, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillcrest CemeteryLocation Federalburg, Md.18. Funeral director J. Harvey WilliamsonAddress Federalburg, Maryland

19. Oct. 26 19 46 J. J. Harris
 (Date rec'd by registrar) Deputy Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalburg, Md. P.D.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2. (a) Religion, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 19 46 at 5 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 45 to Oct 25 19 46

and that I last saw him/her alive on Oct 25 19 46
 Immediate cause of death Chronic myocarditis

DURATION 6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Obstetrical Obstruction Date of op. 1944
 Antepartum results

PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE J. M. Anderson M.D.Address Federalburg, Md. M. D. or otherDate signed 10/25/46

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